



FEE TRANSMITTAL

Complete if known

Application Number: 08/953,002

Filing Date: 10/17/97

First Named Inventor: Geoffrey L. McCabe

Group Art Unit: 2837

Examiner Name: K. Lockett

Total Amt. of Payment: (1) + (2) + (3) = \$635

Attorney Docket Number:

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																			
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ 605 Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ 30 Other fee (specify) _____ SUBTOTAL (3) <u>\$635</u>																																			
FEE CALCULATION 1. FILING FEE <table> <thead> <tr> <th>Fee Description</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td>_____</td> </tr> <tr> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td>Provisional filing fee</td> <td>_____</td> </tr> <tr> <td>SUBTOTAL (1)</td> <td><u>\$0</u></td> </tr> </tbody> </table> 2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extra</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-20</td> <td>= -20</td> <td>$\times 18 = 0$</td> </tr> <tr> <td>Independent Claims</td> <td>-3</td> <td>= -3</td> <td>$\times 78 = 0$</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUBTOTAL (2)</td> <td colspan="2"></td> <td><u>\$0</u></td> </tr> </tbody> </table>				Fee Description	Fee	Utility filing fee	_____	Design filing fee	_____	Plant filing fee	_____	Reissue filing fee	_____	Provisional filing fee	_____	SUBTOTAL (1)	<u>\$0</u>		Paid	Extra	Fee	Total Claims	-20	= -20	$\times 18 = 0$	Independent Claims	-3	= -3	$\times 78 = 0$	Multiple Dependent (First presentation)				SUBTOTAL (2)			<u>\$0</u>
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Submitted By:

Typed or

Printed Name Stephen H. Eland

Reg. Number 41,010

Signature Stephen H. Eland

Date June 15, 1999

Deposit Account User ID

04-1406